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ART. I.—ON THE THERAPEUTICAL PROPERTIES OF THE PHYTOLACCA DECANDRA.

BY ALFRED T. KING, M. D.

The study of natural history, particularly botany, having been for some years the occupation of my leisure moments, my attention has therefore been naturally directed towards the investigation of the medicinal properties of some of our indigenous plants. The following observations are the result of some experiments made since the year 1837, in order to determine the therapeutical properties of the *phytolacca decandra*. This is an indigenous, dicotyledonous plant, found growing in vast quantities in every part of the United States, from Canada to Georgia, and from the Atlantic to the Pacific ocean. It flourishes along road sides, in newly cleared fields, and near the borders of woods. Although the *phytolacca* is peculiar to our own land, yet it is said to grow luxuriantly in the north of Europe, and in the south of Africa, where, however, it is supposed to have been introduced from this country.

Agreeably to the Linnæan arrangement, this plant belongs to the class *decandria*, order *decagynia*. It has a large perennial root, from five to six inches in diameter, very branched, covered with a brownish cuticle, but whitish, fleshy, and fibrous within. The root ought to be gathered, for medicinal purposes, late in the autumn, or early in the spring ere its vernal shoots begin to expand. Its annual stems often attain an immense height, even twelve or fourteen feet, when growing in a rich and genial soil. The stems are very branched, and the branches assume a reddish hue towards the middle of July. It is at this period that the leaves contain the greatest amount of medicinal activity, and should then be gathered, and carefully dried in the shade. The leaves are oblong, ovate, acute at each end, alternate, and petiolate. Flowers are in simple racemes, small, with ten stamens and ten styles. The corolla consists of five ovate, concave, and inflexed petals, white. This plant belongs to the natural order *phytolacca*, the medicinal properties of which, according to Lindley, are *emetic*, *cathartic*, and *anti-rheumatic*. Every part of the plant appears to be active, the root, the leaves, and the berries. The root, however, it is generally supposed, possesses the greatest amount of medicinal activity, but I have usually preferred the leaves, if I can obtain them fresh—for they lose much of their virtues by drying—at the period when their stalks are assuming a reddish hue. Speaking of this plant, Professor Lindley makes the following remarks:—"A tincture of the ripe berries of *phytolacca decandra* seems to

have acquired a well-founded reputation as a remedy for chronic and syphilitic rheumatism; and for allaying syphiloid pains. By some it is said to be more valuable than guaiacum. Its pulverised root is an emetic. And a spirit distilled from the berries is stated to have killed a dog in a few minutes by its violent emetic effects." According to Decandolle, this plant is also a violent purgative. The young shoots in this country are frequently eaten as asparagus. In the form of an unguent, prepared from an extract of the root, I have found it more efficacious in obstinate cutaneous affections than any other remedy except the *sanguinaria canadensis*. But in hemorrhoids its effects have been, according to my experience, the most remarkable and striking. Indeed, over this disease it appears to have a peculiar and specific action.

The term hemorrhoids comprehends various tumours which grow from the verge of the anus, and whose constitution and characters differ so widely that surgeons usually divide them into three distinct varieties or species, viz. *internal*, *external*, and *venous hemorrhoids*. The two former varieties admit of radical cure by excision, but in the treatment of the latter our best surgeons rely upon palliatives only; neither puncture, which has been advised, nor excision, either by the ligature or the knife, is at present deemed expedient. Professor Syme, in reference to the treatment of venous hemorrhoids, says: "The tendency of the venous tissue to resist irritation forbids any operation, and excision, as well as puncture, which have been recommended, should both be carefully avoided, lest they excite inflammation of the enlarged vessels, and give it the unmanageable character which distinguishes it when of traumatic origin." As this variety depends upon a varicose enlargement of the hemorrhoidal veins, they are liable to the same kind of sub-acute inflammation to which the varicose *vena saphena* is subject; and this inflammation may go on to suppuration, and thus lay the foundation for *fistula in ano*. To be able to obviate so deplorable a state of things has long been considered a desideratum, and I think that he who will examine unprejudicedly and impartially the virtues of the *phytolacca decandra*, will be satisfied that we possess in it all that we could desire. But, in order to demonstrate its effects in this painful disease, I will give a brief extract of a few cases from my note-book:—

CASE 1.—Saw B. H. in the summer of 1837, while labouring under a severe attack of hemorrhoids. He told me that he had suffered, with occasional intervals of immunity, for near five years. The tumours often bled, which always gave him temporary relief. Had used all the ordinary remedies in vain. The bowels having been opened by an aperient, I determined to try the effects of *phytolacca decandra*; accordingly, I procured a handful of the green leaves, had a strong infusion made by pouring a pint of boiling water upon them and allowing the whole to stand one hour near a warm fire, and directed him to take one tablespoonful every two hours, to keep himself quiet, and as much as possible in a recumbent posture. He followed my directions strictly, and was rewarded, in less than a week, with a perfect and permanent cure.

CASE 2.—Mrs. N., aged about 37, had suffered much agonising pain for six or seven years. The tumours never appeared externally, except by an expulsive effort, when they were protruded and always bled. Took the infusion as above directed, and was perfectly cured. A short time afterwards she moved into Ohio, and I have not heard from her since. Presume, however, I would have heard from her if she had had a return of the disease.

CASE 3.—Sheriff of this county had been afflicted for twenty years with hemorrhoids. Was relieved by the *phytolacca*, but died a short time afterwards of phthisis pulmonalis.

CASE 4—Was a remarkable one, and I shall therefore describe it more at length. M. W., aged about 45, of lymphatic temperament, a countenance peculiarly anxious, exanguious and cadaverous. Had suffered almost constantly with hemorrhoids for *fifteen years*. The tumours often bled, indeed they acted almost as a constant drain to his system, and caused his countenance to assume an aspect not unlike that of a walking ghost. Had suddenly an aggravated attack, which caused me to be sent for in haste. On my arrival I found him in great agony, and on examination I found the rectum almost filled with several large hemorrhoidal tumours; they had protruded beyond the sphincter, which had so contracted upon them that the introduction of the index finger was found entirely impracticable. They were of an irregularly round form, and of a florid colour. His agony was such that he declared to me that he must die if he did not soon obtain relief. The condition of this poor man to a philanthropic mind was truly pitiful, for he could place himself in no position in which he could find ease. His pulse was active, and he had considerable thirst. I immediately bled him to ℥xvj , and exhibited a gentle aperient, followed by an anodyne, which gave him much temporary relief. Next morning I again visited him. He had reposed very tranquilly during the night, but the pain soon returned in the morning. I brought with me a handful of the fresh leaves of *phytolacca decandra*, had a strong infusion made of them, and directed ℥iv to be thrown up the rectum by means of a syringe, and one tablespoonful to be taken every two or three hours. In consequence of the size of the tumours, and the great irritability of the part, the injection was found to be quite impracticable. The internal use of it, however, was persevered in, and occasionally a wet leaf was applied to the external parts of the tumours. In a few hours he found sensible relief, and the tumours began to diminish. I called in the evening, and discovered that the medicine had disagreed with his stomach. A second attempt was now made to use the injection, which succeeded without much difficulty. The intervals between the doses were prolonged, which obviated its nauseating effect. In forty-eight hours after he commenced the use of the infusion he had perfect relief from pain, and his bowels were freely acted upon; and on the third day there was not a vestige of the disease, nor has there been a symptom of it since, now three years.

Many other cases of a similar though less remarkable character might be adduced; but I presume enough has been said to demonstrate, to the most incredulous mind, the great potency and unparalleled efficacy of *phytolacca decandra*, not only in hemorrhoidal affections, in which I have most used it, but also in many other diseases to which frail humanity is incident.

ALFRED T. KING.

ART. II.—CASE OF SUDDEN DEATH DURING PARTURITION. NECROSCOPY TWELVE HOURS AFTERWARDS.

BY ALFRED T. KING, M. D.

Mrs. L., coloured woman, aged about 40 years, received some injury, the cause of which she would not disclose, while about four months pregnant with her fourteenth child. Complained of a dull pain in her left side, extending across to the right. Venesection and other appropriate remedies were made use of by Dr. Postlethwaite, by which she was entirely relieved. A short time previous to her accouchement the same gentleman was again requested to visit her. She had at this time some uneasiness which simulated labour pains, but upon examination *per vaginam*, the *os tinæ* was found undilated. This examination discovered a pendulous tumour of considerable magnitude, which almost filled the vagina, and protruded some distance beyond the *os externum*. It was soft and yielding, admitting of the easy introduction of the hand under it, up to the *os tinæ*. This tumour had been

noticed during the accouchement of her last five or six children, but in the intervals no attention was paid to it. It had never interfered with the extrusion of the fœtus, all of her children having been born by natural throes without manual assistance. There being at this time no natural labour, a small quantity of blood was abstracted, and an anodyne pill exhibited, which produced quiescence for the time, and she went about near two weeks longer, until July 20. In the morning of this day she had some pains, but the *os uteri* was undilated. In the evening pains still continued so weak and irregular, that Dr. P. deemed it expedient to exhibit an anodyne and leave her until the next day. This had a happy and tranquillising effect, and in the morning, July 21, labour came on in good earnest. This morning I was requested by Dr. Postlethwaite to visit her. On examination *per vaginam* I found the tumour as above described, and about the size of a pint cup. The *os tinæ* was dilated to near the size of a dollar, and the labour was fast approaching. I was satisfied that the tumour could not interfere with the expulsion of the fœtus. Being obliged to ride immediately into the country, I did not, therefore, see the patient afterwards. Labour, however, rapidly progressed, the membranes broke, and the head of the child advanced, with the vertex presenting. Every thing was calculated to inspire confidence, both on the part of the accoucheur and the patient, in a speedy and safe delivery. At length a pretty strong pain seized her, after which she rose to her feet, walked several times across the floor, apparently in good health and spirits, and even refusing to be assisted, she kneeled upon the floor. Presently another strong uterine effort seized her, which caused her to cry out, "O, doctor, do assist me," and was immediately observed to sink, supposed to be in a swoon. As soon as possible she was raised from her knees and placed upon the bed, when a few convulsive respirations closed the scene. She died without a struggle. In this case what was the cause of death? It was sudden and unexpected, the patient appearing strong and in good spirits *one minute* before her dissolution. I suspected a rupture of the uterus.

Necroscopia.—Twelve hours *post mortem* Dr. Postlethwaite and myself proceeded to an examination in the presence of the husband of the patient. An incision was made in the usual manner through the *linea alba*, which immediately exposed the gravid uterus *in situ*, with the fœtus *in utero*. There was no rupture of this organ, but it presented a very dark and contused aspect. An incision was made into it, and the fœtus extracted; it was a large and healthy female child. During the whole of this examination, the only curiosity that the husband manifested was to know the sex of the child, and when this was announced, he was perfectly satisfied. He appeared to me like a case-hardened wretch, without feeling, without humanity. The placenta was easily detached. We now examined the tumour, which we found, as before suspected, to be a polypus. It was attached to the cervix, within the *os uteri*, by a membranous pedicle; the lower part of it seemed firm, and, when cut into, presented a cartilaginous aspect. The bulk of the polypus was, as above mentioned, during labour, about the size of a pint cup, and weighed after death near *one pound and a half*. It is now in my collection, preserved in spirit. The kidneys, with their ureters, the bladder, spleen, pancreas, ovaria, &c., were found in a normal state. Our attention, however, was arrested by the injected and yellow appearance of the great omentum and peritoneum covering the intestines on the right side. About four or five quarts of black venous blood were found in the cavity of the abdomen, and upon carefully raising the liver, we observed a complete detachment of its peritoneal coat, over about two thirds of its upper surface, with a deep rent into its substance of from five to seven inches in extent, involving several of the principal branches of the *vena porta*, and probably the hepatic artery,—the latter we were unable to determine, in consequence of being hurried, and obliged to desist from further examination by the undertakers. *Two thirds*, at least, of this viscus, were

literally *gangrenous or rotten*, and so completely dissolved in continuity as to be easily torn, and even wiped away with the fingers, thus closely resembling *ramollissement du cerveau*. Could this state of the viscus be produced without being preceded by inflammation? And if inflammation did exist, should we not expect to find some of its more usual effects, such as effusion of lymph, or thickening, or adhesions, none of which were observable? The primary cause of the state of the liver which I have just described is to me unknown, but one might imagine it to be produced by a blow inflicted by the arm of a strong man; and to say the least of it, this may be considered a well-founded suspicion.

ALFRED T. KING.

BIBLIOGRAPHICAL NOTICES.

Annual Reports of Hospitals.

We have received from our friend, Professor J. B. Beck, of the College of Physicians and Surgeons of New York, the "State of the New York Hospital and Bloomingdale Asylum, for the year 1840," and the "Annual Report of the Board of Trustees of the New York Dispensary;" from which it appears that these extensive and valuable charities are shedding their blessings on numerous unfortunate sufferers. The New York Hospital does not, however, seem to be capable of admitting as many patients as our own excellent establishment at Blockley, nineteen hundred and seventy having received the benefits of the former in the course of the year, which is below the number admitted last year into the Philadelphia Hospital. In the Bloomingdale Asylum for the Insane, two hundred and thirty-nine persons were under treatment during the year 1840, of which number there were cured, 60; discharged much improved, 25; discharged at the request of friends, 8; eloped from the premises, 1; died, 14; remaining in the asylum, Dec. 31, 1840, 131.

By Dr. Awl, the superintendent, we have been favoured with the Second Annual Report of the Directors and Superintendant of the Ohio Lunatic Asylum, presented to the general assembly, Dec. 20, 1840.

This institution is proceeding onwards in a career of signal usefulness. The whole number of patients admitted was two hundred and fifty-eight,—170 being old cases, and 88 of less duration than one year,—201 of these were paupers, and 57 pay patients; the per centage of recoveries on all the cases discharged being 66.66; on all the old cases discharged, 41.17; and on all the recent cases discharged, 85.50.

The report contains some interesting tables and observations by Dr. Awl.

Dr. Luther V. Bell, the able physician and superintendent of the M'Lean Asylum for the Insane, near Boston, has obliged us with the Annual Report of the Board of Trustees of the Massachusetts General Hospital, for the year 1840.

362 patients were received during the year 1840, of whom 144 were cured, 96 much relieved, 41 relieved, 43 not relieved, and 22 died.

The committee remark, that the condition of the M'Lean Asylum for the

Insane has fully maintained its former excellent reputation; "The beneficial results of the mode of treatment, under the direction of Dr. Bell, are continually adding proof to the correctness of that mode, based as it is on kindness and sympathy to that most pitiable object in this world, the lunatic."

The entire number of insane patients under the care of the asylum during the year 1840 was 263.

Dr. Bell makes the gratifying remark, "That the records of the asylum justify the declaration that *all cases certainly recent*, that is, whose origin does not, either directly or obscurely, run back more than a year, recover under a fair trial. This is the general law, the occasional instances to the contrary are the exceptions."

On the interesting and important subject of the abolition of all personal restraint in the treatment of the insane, Dr. Bell thus expresses himself, from personal observation at home and abroad:

"An absence in the early part of the year of about four months in search of health, under permission of your board—a permission granted in a manner and accompanied with circumstances calling for his grateful acknowledgments—gave your superintendent some opportunity to observe and compare, and if occasion had offered, to improve, by the long established and extensive insane institutions of the old world. While surprised and gratified at the extent and magnificence of many of these establishments, there seemed little or nothing in architectural arrangements, or in modes of moral or medical treatment of value, which has not long since been transplanted to or discovered in the American institutions. The only noticeable peculiarity worth communicating would seem to be, the experiment commenced recently in some of the British hospitals, of an entire disuse, as they consider it, of corporeal restraints. At the Lincoln Lunatic Asylum, it is said in the report of the Middlesex Asylum at Hanwell for 1839, that the last personal restraint occurred in January, 1837, and at the last mentioned institution, restraining apparatus has been thrown aside since the latter part of September, 1839. I consider one of the greatest pleasures of my visit to Europe to have been the privilege of spending the greater portion of a day at Hanwell, and the opportunity of conversing freely on this as well as other subjects relating to the insane with Dr. Conolly, the head of this extensive establishment, whose reputation as a medical philosopher and writer on mental alienation is no less recognised on this side of the Atlantic than at home, and whose urbanity and attention to a stranger, with no claims beyond a community of interests and pursuit, I cannot but gratefully recall. As any thing like improvement in the present system introduced elsewhere must soon attract attention here, and as the idea of absolutely discarding personal restraint has something so attractive in its very mention, I have been induced to bestow considerable reflection upon the expediency of adopting such a universal rule at this asylum. Thus far, at these two great institutions referred to, the former with about one hundred and fifty, and the latter with over eight hundred patients, the experiment has been found so successful as to be persevered in; whether adopted beyond these hospitals or not I have no means of ascertaining. It is certain, however, that the attempt has been much noticed and applauded in England, and of course will soon have its praises transferred to every portion of our land.

"As regards Great Britain, the encomiums bestowed upon this innovation may be all deserved;—in a country where at this moment a *chain* to each bed of at least one long dormitory may be seen at the extensive metropolitan hospital of St. Luke, such a discovery as puts an end to such barbarity may well excite applause; or at the Lincoln Asylum, where the number of patients under restraint were 39 of an entire number of 72, in 1830; 54 of 92,

in 1831; 40 of 70, in 1832; 55 of 81, in 1833; 44 of 87, 1834; and so on, the change must be most gratifying to every humane heart.

"Dr. Conolly, in 'the Fifty-first Report of the Visiting Justices of the County Lunatic Asylum at Hanwell,' for the year 1830, (page 47,) remarks as follows: 'For patients who take off or destroy their clothes, strong dresses are provided, *secured round the waist by a leathern belt, fastened by a small lock.* For some who destroy the collar and cuffs of their dresses with their teeth, a leathern binding to those parts of the dress is found convenient. *Varied contrivances* are adopted with variable results *for keeping clothing on* those who would otherwise expose themselves to cold at night; and warm boots, *fastened round the ankles by a small lock* instead of a button or buckle, are sometimes the means of protecting the feet of those *who will not lie down.* * * * * *Those who are in the habit of striking suddenly, tearing the bed-clothes, &c.,* sometimes wear a dress of which the sleeves terminate in a *stuffed glove, without a division for the thumb and fingers.* But no form of strait-waistcoat, no hand-straps, no leg-locks, nor any contrivance confining the trunk or limbs or any of the muscles is now in use. The coercion-chairs, about forty in number, have been altogether removed from the wards; no chair of this kind has been used for the purpose of restraint since the middle of August.'

"Any gentleman familiar with the management of this, or, I believe, any other of the New England institutions from their origin, will at once declare, if this is all that is meant by an absolute disuse of restraining means—if the application of leathern mittens, waist-straps, varied contrivances for keeping on clothing, boots with locks, &c., are considered such mild and trifling measures as not to be included under the phrase of *personal restraint*, that this innovation or experiment or improvement can never be introduced here, for the best of all reasons, that the application of the severe measures reported as discarded at Hanwell never was heard of in our asylums, and but a few even of the measures deemed so insignificant as to form no exception have ever been found necessary here. If this is all that is intended in the new system, our experience for years may encourage them to go on fearlessly.

"An amount of restraint less than is intimated in these exceptions, has long proved adequate in this institution; the necessity, for example, of restraining apparatus for keeping the patient covered at night, is here obviated by the admission of heated air to the sleeping apartment when necessary. For some years the average number of patients under the restraint of leathern mittens has not exceeded one per cent, and often week after week elapses without even a single instance.

"I have no doubt that this rare use might with safety be carried to a still greater extent—to that of absolute interdiction; but how far it may be dispensed with, or how far the best good of the sufferer demands its application, is a question of judgment to be decided in view of all the circumstances of each case. An important rule is, that no restraint, even of the slightest kind, should ever be applied or removed except under the direction of an officer. This rule has always been incorporated in our code of domestic regulations. But to lay down the broad absolute rule of disusing all the mild forms of restraint, would not comport with the best good of an institution. I do not doubt that, with the number of active and trusty assistants we now have, it might be practicable to pursue such a system, perhaps without any results of consequence to be regretted. Yet its adoption would be cutting off the power of employing a remedial means often of great value to the patient. A portion of the feeling in England as to restraining measures is based on a delusion. Which is the greater restraint, to shut up a patient disposed to strike upon any sudden impulse in his solitary dormitory, having its light admitted just below the ceiling, or to place large leathern mittens on his hands, and permit him to go into a large court-yard and to walk up

and down in the open air? The seclusion within a room is not considered *personal restraint* in the reports referred to.

"Or which is least oppressive to a patient disposed to certain troublesome habits, as abrading the skin of the face by perpetual picking, or plucking out the hair root after root—habits become from neglect so inveterate and involuntary, that even while the physician is dissuading or promising restraint, his hand unconsciously returns to its wonted act—to place the hands in a muff of leather, at once simple, free from pain, and effective, or to trust to the vigilance or the eventually annoying and irritating reminders or restraints of an assistant? Who can doubt as to the comparative advantage of personal restraint from the hands of attendants or of apparatus, in those cases of delirium-like fury, where the sufferer is constantly endeavouring to rise from his bed, and where the presence of faces around him is associated in his blind frenzy with enemies to be contended with, regardless of their numbers. The mind may be in that state where the most soothing attentions are met only with fury and suspicion. How valuable in such a case is the beautiful and simple apparatus, constructed, I believe, by my distinguished predecessor, Dr. Wyman, which holds the sufferer gently in his position on his bed, allowing him almost every natural and proper movement, yet prevents his wearing himself out by constant efforts to rise, and allows every person to leave his immediate apartment, (for his disordered fancy makes cruel enemies of all,) with a certainty that he is safe and comfortable.

"Again, in some highly active forms of the suicidal propensity, where no human vigilance can prevent the consummation of the dreadful act, except, accompanied by the ceaseless application of the force of several persons, a proper restraining means, such as the leathern muff, at once allays the violence of the propensity, by showing the patient that he need not be on the watch to elude his attendants, and that attempts are vain to accomplish his design by force. The best proof of the value of the occasional use of this and other means of vigilance, is manifested in the extraordinary fact, that of the more than six hundred and fifty patients admitted within the last five years, amounting to more than one third of all the inmates during the twenty-three years of the existence of this institution, a single individual only has committed suicide! I cannot here forbear to refer to this remarkable result, as one redounding to the honour of the male and female supervisors, and entitling them in the highest degree to the obligations of the community; for to them necessarily appertains to a great extent the merit of a prompt detection, often no easy matter, and a successful prevention of this sad accident. This result will be duly appreciated when it is considered that the number of those evincing this propensity has sometimes amounted to a dozen, and I have never known the period when no instance existed. I recall also from memory no less than three instances, within as many years, where patients have returned home upon partial convalescence, or from other motives, and resorted almost immediately to the fatal act successfully, although the friends and relatives were forewarned to exert their utmost vigilance by our experience."—p. 19.

Another annual revolution has brought us the Eighth Annual Report of the Trustees of the State Lunatic Asylum, at Worcester, Massachusetts.

The zeal and ability with which the previous reports were drawn up by the superintendent, Dr. Woodward, have always rendered us anxious to receive their successors. It has been a matter of anxious solicitude with us to obtain the means of placing Pennsylvania alongside her sister state of Massachusetts, by having an extensive establishment for the insane poor, and thanks to the legislature and the governor, and to the philanthropic and

zealous endeavours of estimable private individuals, of whom Mr. Isaac Collins, of Philadelphia, is one of the most prominent, the state is about to take part in the useful career. The bill—as we remarked in a former number—is now a law, and the appointment of the proper officers by Governor Porter is alone required to commence the good work.

Three hundred and ninety-one patients were in the hospital in the course of the year; 190 of whom were males, and 201 females.

The following remarks, appended to the 13th table “showing the comparative curability of insanity, treated at different periods of disease,” are worthy of being cited:

“From this table we learn that *four hundred and ninety-three* patients have been admitted into the hospital, whose insanity had existed less than *one* year; of these, *two hundred and forty-seven* are males, and *two hundred and forty-six* are females; *four hundred and thirty-eight* of these recovered, and *fifty-five* failed to recover; *twenty-two* died, leaving of those living only *thirty-three* that failed to recover; and making the recoveries, exclusive of the deaths, more than *ninety-five* per cent. This supposes, however, that the *twenty-eight* recent cases now in the hospital will all recover; this will not probably prove true, as some may die, and a few may fail to get well; this may diminish the per cent. *one* or *two*, but can hardly fail to leave it above *ninety*.

“Many of the individuals of this class, not recovered, were removed by their friends prematurely, when the prospect of recovery was encouraging. There remain now not exceeding *four* cases that came into the hospital before insanity had existed *one* year, and but *two* that are certainly incurable.

“There have been in the hospital *one hundred and ninety-two* cases that have been insane from *one* to *two* years, of which *one hundred and eleven* have recovered, and *eighty-one* have failed to recover or have died. The recoveries of this class have been *fifty-eight* per cent., and, exclusive of deaths, about *sixty-two* per cent.

“*One hundred and ninety* patients have been in the hospital whose insanity had existed from *two* to *five* years; of whom *sixty-five* have recovered, and *one hundred and twenty-five* have failed to recover, are considered incurable, or have died. The recoveries of this class are *thirty-four* per cent.

One hundred and thirty-six patients have been in the hospital the duration of insanity with whom has been from *five* to *ten* years; of these *sixteen* have recovered, and *one hundred and nineteen* have failed to recover, are considered incurable, or have died. The recoveries of this class are about *eleven and three fourths* per cent.

“*One hundred and forty-two* patients have been in the hospital who have been insane more than *ten* years, of whom *seven* only have recovered, which is less than *five* per cent.”

Dr. Woodward has continued his inquiries on the influence of the moon on the insane. His former researches were published in the last volume of the “Intelligencer.” The following are his additional observations:

“We have continued to record facts on the subject of lunar influence, and are able to present a list of *five hundred and thirty-two* paroxysms of insanity as occurring in *sixty-six* periodical cases, in which there were from *two* to *twelve* paroxysms each in the course of the year. We present the following results:

“On the *eighth* day of the moon, which is the *first* day of the *second* quarter, there have occurred the greatest number of paroxysms of any *one* day, viz. *thirty-one*.

“On the *second* day of the moon, which is the *second* day of the *first*

quarter, there occurred *twenty-eight* paroxysms; which is the second greatest number that occurred on *one* day.

"On the *seventh* day of the moon, which is the *last* day of the *first* quarter; and on the *twenty-fourth* day of the moon, which is the *third* day of the *last* quarter, an equal number of paroxysms occurred, which was *twenty-six*; and these make the *third* and *fourth* days in point of numbers.

"On the *fourth* day of the moon, which is the *fourth* day of the *first* quarter, and on the *seventeenth* day of the moon, which is the *third* day of the *third* quarter, *twenty-three* paroxysms occurred, which are the *fifth* and *sixth* in point of numbers.

"It is worthy of remark, that the same days, to the number of *six*, which had the precedence of numbers last year, have the greatest number this year, and that there is no change in the order in which the number of paroxysms appeared. It is also true, that the day on which the fewest number of paroxysms occurred the former years, was the day on which the fewest occurred the last year.

"The greatest number of deaths occurring on any *one* day, took place on the *thirteenth* day of the moon, which is the *sixth* day of the *second* quarter, viz. *seven*.

"On the *second* and *third* days of the moon, and on the *twentieth* and *twenty-first* days, which are the last *two* days of the *third* quarter, and on the *twenty-fifth* day, which is the fourth day of the *last* quarter, an equal number of deaths occurred, viz. *six*.

"On the *sixth* day of the moon, which is the *last* day but *one* of the *first* quarter; on the *sixteenth* day, which is the *second* day of the *third* quarter; and on the *twenty-fourth* day, which is the *third* day of the *last* quarter, an equal number of deaths occurred, viz. *five*.

"*Four* deaths occurred on the *fifth*, *seventh*, *ninth*, and *twenty-eighth* days of the moon. The *six* days on which have, heretofore, occurred the greatest number of deaths, have the greatest number this year; and the *three* days which have had no deaths occur upon them heretofore, have none this past year.

"Having carefully noted these facts as matters of curiosity, if not of importance, we leave the table with its remarkable coincidences, believing that no conclusions can be derived from it, showing the correctness of popular opinion with respect to the moon's influence in producing the periods of excitement with the insane."—p. 64.

From our zealous and benevolent friend, Dr. W. B. Diver, of Macao, we have received the Hospital Reports of the Medical Missionary Society in China, for the year 1839. It is gratifying to observe the beneficial results that are flowing to the Chinese from the combined skill of American and British practitioners.

From the 1st of July to the 15th of August, 167 patients, we are told, were received into Dr. Parker's hospital at Macao. Into the ophthalmic hospital 800 persons were admitted during the year 1839, and since the commencement of the institution in November, 1835, 7000 persons have received the benefits of the charity. The moral and physical advantages of such an institution are incalculable.

MISCELLANEOUS NOTICES.

Transylvania University, Medical Department.—The annual announcement gives the names of two hundred and fifty-four students: of whom there were from Kentucky 132; Tennessee 37; Alabama 27; South Carolina 16;

Indiana 7; Missouri 6; Virginia 6; Mississippi 6; Georgia 4; Illinois 4; Ohio 2; New York 2; Pennsylvania 1; North Carolina 1; Louisiana 1; Maryland 1; Wisconsin 1; and the number of graduates of 1841 was 64.

Jefferson Medical College of Philadelphia.—The annual catalogue contains the names of one hundred and sixty-three students: of whom there were from Maine 4; Massachusetts 3; New Hampshire 3; Connecticut 3; New York 6; New Jersey 14; Pennsylvania 59; Delaware 4; Maryland 6; District of Columbia 1; Virginia 26; North Carolina 3; South Carolina 2; Georgia 3; Florida 1; Alabama 1; Missouri 1; Ohio 11; Louisiana 1; Michigan 2; Lower Canada 1; Upper Canada 1; Nova Scotia 3; West Indies 1; Ireland 1.

University of the State of New York—College of Physicians and Surgeons.—The annual catalogue has the names of 101 students, and of 19 graduates,—session 1840-41.

Medical Statistics.—Dr. M'Ruer, of Bangor, Maine, has written a circular to all health officers, requesting information in regard to the population and mortality of different places for the years 1830 to 1839 inclusive, with the diseases of which the persons died. We trust that an early and careful attention will be paid to the request of Dr. M'Ruer.

Case of Dangerous Uterine Hemorrhage, in which Transfusion was successfully employed, with some observations on the more frequent expediency of that operation. By Richard Oliver, M. D., Carlisle.—On the 26th of June, 1837, I was called to attend the wife of John Cook, a weaver, living at Eden Place, about a mile from my house. She had been attended by a midwife, and had given birth to a child at its full time in the course of the previous night. The patient was about forty-two years of age, and this was her seventh child. I found her at six A. M. in an exceedingly exhausted condition. Blanched by a profuse hemorrhage, which no adequate means had been employed to suppress, but which had now ceased, she was lying on her back in a state of imperfect consciousness, with the pulse at the wrist barely perceptible, now and then moaning lowly, and casting about her arms. About half a glass of rum with a little water was immediately given to her, and this, with a few spoonfuls of beef tea, was repeated two or three times at intervals of about twenty or twenty-five minutes. After each dose she appeared to be a little refreshed, but upon the whole the symptoms of collapse were gaining ground. About half past seven o'clock brandy was substituted for the rum, and the dose was increased to an ounce and a half, with the addition of a drachm of aromatic spirit of ammonia and a few drops of tincture of opium to every second or third portion. The same deceitful promises of reaction were succeeded by the same progressive indications of sinking, until at length, about one P. M., she became quite unable to swallow. The pulse at the wrist and in the carotids had not been perceptible for more than two hours and a half, and the coma was now complete. Under these very unpropitious circumstances I determined on transfusion, with little hope of success, and with no small compunction for having thus afforded the operation so little fair play. At half past one, P. M., I was provided with the apparatus necessary for performing it; and having obtained a willing supply

¹ Edinburgh Medical and Surgical Journal, Oct. 1840, No. 145; and Brit. and For. Med. Rev., Jan. 1841, p. 260.

of blood from three of the patient's kind-hearted neighbours, I opened a vein at the bend of her arm, and with the assistance of two of my professional friends, Mr. Bowman, surgeon of this place, and Dr. Henry Lonsdale, now Demonstrator of Anatomy in Queen's College, Edinburgh, I proceeded cautiously and steadily to introduce it.

I had first taken care to see that the instrument was in proper order, and particularly that I should have the syringe and its tubes free from air. After one or two gentle strokes with the piston, made with a view to ascertain this point, I found that the cup attached to the apparatus was so small that it could not be safely used. Unless the piston was elevated very slowly, and the blood was supplied very steadily to the cup, there was great risk of introducing air into the cylinder. But finding that, by taking a common basin to receive the blood, and by drawing it up thence through the bottom of the syringe, I could obviate this danger, I laid the cup aside altogether. With this simple arrangement I passed syringe-ful after syringe-ful into her exhausted veins, pausing from time to time to mark the effects, and anxiously watching for some glimmering promise of the return of energy to her heart. On a moderate computation we had already transfused twelve ounces of blood, and she still lay pulseless and perfectly insensible. The respiration, however, although faint and low, was distinct and regular; so that, however small the amount of blood in her system might be, there was still some undergoing aeration in the lungs; and in gradually augmenting its quantity, we might possibly contribute to raise her vital powers, by enabling a larger portion of it to reach the nervous centres. We could not discern the heart's pulsations, but we might be quite certain that it did beat, and that the general circulation, although thus imperceptible, was still actually carried on. We had yet obtained no assurance of improvement, but it was pretty evident that, by proceeding cautiously, we neither had done nor could do any harm. Without this expedient the poor woman's death was inevitable, and but too probable we then thought even with it; so, disregarding the cautions given upon this point, we determined to go on. Steadily and slowly the blood was introduced as before, until at length we imagined that the pulse became faintly perceptible in the arm; and, slight as it was, this intimation of the heart's increased power gave us no small encouragement. After persevering for a few minutes longer, we had the very perfect gratification of witnessing not only the complete restoration of the circulating power, but the return of consciousness, and of the ability to speak. It is unnecessary to advert to the subsequent details of the treatment and of the recovery, farther than to mention that she went on very favourably, and in a few weeks was moving about in her family as usual. She remained for some time longer rather weak and delicate, but beyond an occasional slight headache, and a tendency to constipation and flatulence, she suffered from none of the more prominent and distressing symptoms which ordinarily ensue after serious losses of blood, and she has long been, and still remains, in very good health. With respect to the quantity of blood introduced in this case, I am not able to speak with absolute accuracy; but I feel quite certain that I am below the mark in mentioning twenty-two ounces. From each of the individuals who supplied the blood we took at least an average of twelve ounces; and although we did not attempt to measure the amount of it, I am perfectly satisfied that, at all events, not more than one third of the whole was lost by coagulation, and by being thrown upon the ground in adjusting and preparing the instrument.

Observations on the Diagnosis and Pathology of Fractures of the Neck of the Femur. By Robert William Smith, A. M., M. R. I. A.¹—[This is a very valuable memoir, well deserving attentive perusal. We regret that

¹ Dublin Journal of Medical Science, Sept. 1840; and Brit. and For. Med. Rev., Jan. 1841, p. 262.

we can only find room for the tabular view of the cases (each of which is detailed in the paper and illustrated by a woodcut), and the conclusions deduced therefrom by the author.]

Intracapsular Fractures of the Neck of the Femur.

No.	Name.	Age.	Shortening.	Position of the Foot.	Period of survival after the receipt of the injury.
1	Laurence Maguire . . .	40	$\frac{1}{2}$ inch	Eversion	14 days
2	William Collins . . .	36	$\frac{3}{4}$ "	"	17 "
3	Thomas Maguire . . .	84	$\frac{1}{2}$ "	"	14 "
4	Dorah Campbell . . .	75	1 "	"	2 months.
5	Mary Gill	80	$\frac{1}{2}$ "	"	Not known.
6	Esther Christie . . .	60	$1\frac{1}{2}$ "	"	" "
7	Mary Lamb	80	$\frac{3}{4}$ "	"	1 year.
8	Margaret Bourke . . .	90	$\frac{1}{2}$ "	"	14 days.
9	Margaret Myler . . .	78	$\frac{1}{4}$ "	"	2 months.
10	A female	65	1 "	"	Not known.
11	Patrick Doolan . . .	60	2 "	"	7 years.
12	Michael Curry	40	$1\frac{1}{4}$ "	"	1 month.
13	Matthew Reilly . . .	46	$\frac{1}{2}$ "	"	4 months.
14	A female	55	1 "	"	Not known.
15	Sarah Ashton	65	$1\frac{1}{4}$ "	"	9 years.
16	Elizabeth Casey . . .	50	$\frac{3}{4}$ "	Inversion	Not known.
17	Robert Robinson . . .	50	2 "	Eversion	Several years.
18	Ellen Walker	70	$\frac{1}{2}$ "	"	7 days.
19	Laurence Reilly . . .	56	2 "	"	Several years.
20	Joseph Seaton	90	$1\frac{1}{4}$ "	"	7 years.
21	A female	65	$2\frac{1}{2}$ "	"	Several years.
22	Thomas Connolly . . .	50	$\frac{3}{4}$ "	"	10 days.
23	Bridget Misset . . .	72	1 "	"	10 weeks.

Extracapsular Fracture of the Neck of the Femur.

24	Patrick Murphey . . .	80	2 inch	Inversion	14 days.
25	Alicia Harris	70	$1\frac{1}{2}$ "	Eversion	5 "
26	James Stanford . . .	67	2 "	"	8 "
27	A. B., a man	50	2 "	"	14 "
28	Mary Kelley	56	$1\frac{1}{4}$ "	"	11 "
29	Ellen Bryan	65	$1\frac{1}{2}$ "	"	5 weeks.
30	Patrick Grant	70	$1\frac{1}{2}$ "	"	5 days.
31	Margaret Connolly . .	89	$1\frac{1}{2}$ "	"	12 "
32	Thomas Murphy . . .	41	Not known.	"	A few weeks.

Impacted Fractures of the Neck of the Femur, external to the Capsule.

33	John Summers	74	$1\frac{1}{2}$ inch	Eversion	2 months.
34	Mary McKenna	52	$\frac{3}{4}$ "	"	4 days.
35	Catherine Egan . . .	60	$1\frac{1}{4}$ "	Inversion	1 month.
36	Sarah Denny	70	1 "	Eversion	1 "
37	Alicia Sherlock . . .	64	$\frac{1}{2}$ "	"	15 weeks.
38	James Power	54	$1\frac{1}{2}$ "	"	5 months.
39	A. B., a female	80	Not known	"	Not known.
40	Not known	"
41	Bryan Dunn	60	$\frac{1}{4}$ "	"	13 days.

Impacted Fracture of the Neck of the Femur, internal to the Capsule.

42	Owen Curran	70	$\frac{1}{2}$ inch	Eversion	1 year & 10 mo.
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From what has been stated in the preceding pages, and from the evidence afforded by the *post-mortem* examination of fifty specimens of fractures of the neck of the femur, forty-two of which have been detailed, I think I am justified in deducing the following conclusions:

1. A slight degree of shortening, removable by the extension of the limb, indicates a fracture within the capsular ligament.
2. The degree of shortening, where the fracture is within the capsular ligament, varies from a quarter of an inch to one inch, or one inch and a half.
3. The degree of shortening, when the fracture is within the capsule, varies chiefly according to the extent of laceration of the fibro-synovial folds which invest the neck of the femur.
4. In some cases of intracapsular fracture the injury is not immediately followed by shortening of the limb.
5. This absence of shortening is generally owing to the integrity of the fibro-synovial folds.
6. In such cases the retraction of the limb may occur suddenly, many weeks after the receipt of the injury.
7. This sudden retraction of the limb, which indicates a fracture within the capsule, is, in general, to be ascribed to the accidental laceration of the fibro-synovial folds.
8. The degree of shortening, when the fracture is external to the capsule and not impacted, varies from one inch or one inch and a half, to two inches or two inches and a half.
9. When a great degree of shortening occurs immediately after the receipt of the injury, we usually find a comminuted fracture external to the capsule.
10. The extracapsular fracture is generally accompanied by fracture with displacement of one or both trochanters.
11. The extracapsular *impacted* fracture is generally accompanied by fracture without displacement of one or both trochanters.
12. In such cases the fracture of the processes unites more readily than that of the cervix.
13. The degree of shortening, when the fracture is impacted, varies from a quarter of an inch to one inch and a half.
14. The exuberant growths of bone met with in these cases have been by many erroneously considered to be merely for the purpose of supporting the acetabulum and the neck of the femur.
15. The difficulty of ascertaining crepitus, and of restoring the limb to its natural length, are the chief diagnostic signs of the impacted fracture.
16. The position of the foot is as much influenced by the obliquity of the fracture and the relative position of the fragments, as by the action of the muscles.
17. Inversion of the foot may occur in the intracapsular, extracapsular, or impacted fracture of the neck of the femur.
18. When in the intracapsular fracture the lower fragment is placed in front of the upper, the foot is usually inverted.
19. When in the extracapsular fracture with impaction, the superior is driven into the inferior fragment, so as to leave the greater portion of the latter in front of the former, the foot is generally inverted.
20. In cases of comminuted extracapsular fracture without impaction, but with separation and displacement of the trochanters, the foot may be turned either inwards or outwards, and will generally remain in whatever position it has been accidentally placed.
21. The consolidation by bone of the intracapsular fracture is most likely to occur when the fracture is also impacted.
22. Severe contusion of the hip-joint, causing paralysis of the muscles which surround the articulation, is liable to be confounded with fracture of the neck of the femur.
23. The presence of chronic rheumatic arthritis may not only lead us to suppose that a fracture exists when the bone is entire, but also when there is no doubt as to the existence of fracture, may render diagnosis difficult as to the seat of the injury with respect to the capsule.
24. Severe contusion of the hip-joint, previously the seat of chronic rheumatic arthritis, and the impacted fracture of the neck of the femur, are the two cases most liable to be confounded with each other.
25. Each particular symptom of fracture of the neck of the femur, separately considered, must be looked upon as equivocal: the union of all can alone lead to correct diagnosis.

On the Use of the Tincture of the Muriate of Iron in Diabetes Mellitus. By Charles Clay, Esq., Surgeon, Manchester.¹—The following three cases yielded so decidedly to the use of the tinct. ferr. mur. P. L., after many other remedies had been tried, that I trust that placing them before the public will be the means of testing its merits still further. It is quite necessary, in order to succeed, to give it in large doses, as I have repeatedly tried the same remedy in small doses without any effect. The cases I am about to give were of sufficient standing as to time and obstinacy (and could only be considered bad cases), and of such a character that the trial of any new remedy was perfectly justifiable.

CASE 1.—James Newton, of Ashton-under-Lyne, February, 1836, aged 75 years, had been for two years suffering from diabetic flows of urine, which for nine months had considerably increased; he had been under the care of different persons, and a variety of remedies were tried, but no abatement of the symptoms was observable. When he applied to me, the quantity of urine discharged was nine pounds and a half by weight in twenty-four hours, fully charged with saccharine matter; his appearance was emaciated, anxious countenance, and a dry, furred tongue. After trying various plans, without any apparent benefit (with the exception of temporary relief for a few days by the exhibition of nitrous acid), at last, without any particular hope of benefit, I ordered the following mixture:

Tincture of opium, ʒjss;

Tincture of muriate of iron, ʒij;

Sulphate of quinine, grs. viij;

Distilled water, ʒvj. An ounce to be taken three times a day.

After continuing this formula for three days, I was agreeably surprised by a sensible abatement of the quantity of urine, but still as fully charged with saccharine matter; in five days more (that is, eight from the commencement), the abatement continued; the countenance less anxious, tongue clean, and evidently improving in constitution. On the eighteenth day, barely four pounds of urine were discharged in twenty-four hours, in which little saccharine matter could be detected. In four weeks, with a continuation of the medicine, he appeared in perfect health, and at the end of six weeks ceased taking medicine entirely, and since has had no return of the complaint.

CASE 2.—W. Grundy, aged 30, of Hurst, came under my care in April, 1838, after being treated by different persons without any apparent benefit. From the decided success of the tinct. fer. mur. in the case of Newton, I began immediately with the same dose, as above stated. The quantity of urine was, at the commencement, eight pounds in twenty-four hours, and full of saccharine matter. For five days no improvement in either the quality or quantity of the discharge was observable; after that time, however, the abatement began to show itself, but without any diminution of the saccharine principle. On the fourteenth day, the diminution of the discharge was remarkable, not more than three pounds and a half in twenty-four hours, and the character of the urine much less sweet. On the twenty-fourth day the discharge was natural in quality as well as quantity, and before the expiration of five weeks he left off taking medicine.

CASE 3.—Mary Wild, aged 56, of Ashton, had been subject to a diabetic discharge for eight months; her general health had for some time been very precarious, from the cessation of the menstrual discharge: about seven pounds and a half of urine in twenty-four hours. In this case the saccharine matter was not so abundant as in the former cases. I gave the tinct. fer. mur. mixt. for six days, when a slight abatement was observable; but on the twelfth day the quantity was more than at the commencement. On the fifteenth day the abatement again showed itself: and from this time to the end of four weeks kept continually decreasing. At this time pleuritic

¹ Lancet, Oct. 10, 1840; and Brit. and For. Med. Rev., Jan. 1841, p. 265.

symptoms called for a cessation of these remedies and a substitution of others, during which time a slight increase of urine came on; but on going on with the old medicine the improvement returned. She finally ceased taking medicine at the end of eight weeks, feeling her health quite restored, and has had no return since. The date of this case was March, 1840.

Mr. Combe.—It was with no little regret that we observed in the volumes of Mr. Combe on the United States, which have just been published, an allusion evidently to a private conversation which took place at a dinner table, in which Mr. Combe makes the editor of this journal do Dr. Beaumont the signal injustice of stating, that the suggestions and experiments made at Washington, and detailed in Dr. Beaumont's book, were by the editor.

The error is another instance of the difficulty and impropriety of travellers attempting to detail private conversations. Mr. Combe was informed, that certain suggestions were made to Dr. Beaumont, and certain experiments performed by the editor in Washington along with him, whereas the observation of Mr. Combe would lead to the inference that Dr. Beaumont himself suggested and performed none of them.

The editor of this journal has been extremely careful not to detract from the results of the meritorious and persevering investigations of Dr. Beaumont, and it is painful to him to have the subject brought forward in this manner. It is strange, indeed, that Mr. Combe should not have seen the injurious effect of such a statement to one party, even if the impropriety of attempting to detail private conversations had not impressed him.

Jefferson Medical College,—Reorganisation.—It is with the greatest gratification that we announce the reorganisation of this college, with a corps of professors whose names and professional acquirements are known over every portion of this country. At a late meeting of the board of trustees, the following professors were unanimously appointed to the respective branches:

Dr. Dunglison, Institutes of Medicine and Medical Jurisprudence.

Dr. Huston, Materia Medica and General Therapeutics.

Dr. Pancoast, General, Descriptive, and Surgical Anatomy.

Dr. J. K. Mitchell, Practice of Medicine.

Dr. Randolph, Practice of Surgery.

Dr. Mütter, Institutes of Surgery.

Dr. Meigs, Obstetrics and Diseases of Women and Children.

Dr. Franklin Bache, Chemistry.

Of these gentlemen Drs. Dunglison, Huston, and Pancoast are medical officers of the Philadelphia Hospital; Drs. Randolph and Meigs of the Pennsylvania Hospital; and Dr. Mütter is surgeon to the Philadelphia Dispensary.

With the college thus fitly organised, the effect must be to render Philadelphia still more the centre of medical education in the Union. The higher the reputation of the schools, and the more harmonious their co-operation in the great work of medical instruction, the more certainly must this result be accomplished. Unworthy rivalry should be abolished, but an honourable competition as to which institution can be most extensively useful to the profession and the public should endure.